
MEDICAL EXAMINER.

NEW SERIES.

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[VOL. I.

A Case of Inguinal Aneurism treated successfully by a ligature to the External Iliac Artery. By EDWARD PEACE, M. D., one of the Surgeons to the Pennsylvania Hospital.

John Erwin, a seaman, aged 28 years, of robust constitution and of healthy parents, was admitted into the Pennsylvania Hospital July 17th, 1841, with inguinal aneurism on the right side. Four months previous to this period, after a fall received during a severe and long contested wrestling-match he had severe pain in right groin, which however left him in the course of a few days. He then continued well for two months, suffering only from occasional uneasiness at the knee, at the end of which time there was a return of the pain in his groin—he then observed for the first time a small tumour of the size of a walnut, which has continued to increase in size and accompanied with such an increase of pain as to have incapacitated him from walking during the last three days. The patient thinks that the tumour has increased one-half in size during the last seven days. He called upon an apothecary for advice, who applied forty leeches and recommended hot poultices.

Upon examining the patient on the afternoon of his entrance into the Hospital, we found a pulsating tumour occupying the course of the right femoral artery, extending from one inch above Poupart's ligament to three and a half inches below it. The transverse diameter of the tumour was four inches.

Compressing the aorta arrested the pulsation of the aneurism, but without producing any diminution of its volume.

The skin over the tumour is reddened; pits; and the pain is deep-seated and very severe. The inner side of the knee is also the seat of great pain; the whole limb is swollen; the sensibility is natural except upon the anterior surface of the thigh. No sleep for two nights. Ordered the limb to be slightly elevated, and lead water with laudanum applied to the tumour. A tea-spoonful of solution of morphia procured him a more comfortable night than he had passed for some time.

July 23.—Six days have now elapsed since the patient's entrance into the hospital. All signs of local inflammation have left him; the skin has resumed its natural appearance; the pulsation is not so strong in the tumour, which has increased rapidly in size.

After a consultation with my friend and colleague Dr. Norris, it was determined to apply a ligature to the external iliac artery on the following day. Ordered *Ol. Ricini* $\mathfrak{z}\text{i}$; also, seventy drops of laudanum to be given two hours before the operation.

July 24th.—Before the medical class, a curved incision, four inches in length, with its convexity directed towards Poupart's ligament, was made through the skin, commencing at a point one inch and a half above and one inch on the inner side of the anterior superior process of the ilium, and terminating half an inch above the situation of the external ring. The arteria

ad cutem was divided and tied. The tendon of the external oblique was then divided upon a director. This brought into view the lower edge of the internal oblique and transversalis muscles, which were separated from Poupart's ligament with the handle of the scalpel. It was found necessary to divide some of the fleshy fibres of the transversalis, in order to allow more room for manipulation, as the tumour extended further into the iliac fossa than we supposed. The peritoneum was easily raised up, and the artery was felt beating distinctly, but faintly, contrasting forcibly with the violent vibration of the tumour. The artery, which appeared healthy, was separated from the vein by the finger nail, and a round silk ligature was applied with great facility, by means of the excellent aneurismal needle invented by Professor Gibson of this city. The ligature was applied as high as possible, so as to allow sufficient space for the formation of a coagulum above the epigastric artery, and both ends of the ligature were allowed to remain hanging from the wound, to serve as a drain. The pulsation of the tumour was immediately arrested. The lips of the wound were brought together by two strips of adhesive plaster, and dressed with lint spread with cerate. The patient made no complaint during the operation, which occupied eighteen minutes, but at its termination, his countenance exhibited great distress and anxiety. He was carried to his bed;—his limb slightly elevated. The pulse before the operation was eighty; immediately afterwards seventy-six; the thermometer ninety-four, being the hottest day of the season.

1 o'clock.—Toes of right foot cold and moist; the rest of the limb warm. Two hours afterwards, the coldness extended up to the instep; temperature of both limbs the same; pulse sixty-six.

6 o'clock, P. M.—Pain of the whole limb; florid; pulse seventy-four; skin moist; thirst; no extension of coldness above instep, where the sensibility is very obtuse. Ordered sol. morph. $\mathfrak{z}\text{ij}$; iced barley water. Foot enveloped in carded wool.

Sunday, 11 A. M.—Slept well for two hours and awoke in a fright; pain of groin intensely severe; hot fomentations, and sol. morph. $\mathfrak{z}\text{ij}$ gave much relief—this morning the pain is moderate; pulse seventy-six; temperature of room eighty-eight—between toes of right foot eighty-six—right thigh ninety-six—left thigh ninety-three. Ordered oat-meal gruel and toast-water.

10 P. M.—Pain occasionally darts through the tumour—same relative difference of heat as in the morning. Ordered sol. morph. $\mathfrak{z}\text{i}$.

26th, 11 A. M.—Slept well the whole night. Pulse seventy; skin moist; expression natural; difference of temperature still in favour of right limb; sensibility of the limb improving, but less at the anterior and inner side of the thigh. The warmth of the foot has returned as low as the toes.

27th.—Slept well; both limbs of same temperature; sensibility natural everywhere, with the exception of last phalanx of right toes, which remains cold. A small red spot at the inner side of patella is very painful, prominent and soft; the tumour is also painful and inflamed. Ordered evaporating lotion; sol. morph. $\mathfrak{z}\text{i}$.

28th.—No sleep; urination frequent during yesterday, and every fifteen minutes during the night; knee less painful, also the tumour, which is now evidently smaller; the skin wrinkling and pale. Ordered flaxseed tea and a large cataplasm over pubic region.

29th.—Passed a comfortable night; has urinated but twice since yesterday; feels perfectly well, with the exception of some uneasiness of right

limb. Examined the wound, which is suppurating freely. Two-thirds of the incision have united by the first intention. Left the wound open, as it is closing too rapidly, and made use of a simple dressing. The ligature of the superficial artery came away.

No dejection since the operation. Ordered a common enema, which produced a copious and healthy evacuation.

August 3d.—Wound healthy; the tumour diminishes in size and is firmer; the œdema of limb entirely gone.

The patient continued to improve without any unpleasant symptoms; the aneurism becoming smaller and firmer till August the 24th, thirty days after the operation, when the ligature came away, having a large loop. The wound is now closed with the exception of the point whence the ligature issued.

September 15th.—The wound not yet closed; probed it, and found a sinus extending an inch and a half in depth. Enlarged the sinus, filled it with lint, and applied a poultice.

22d.—Wound cicatrized, tumour lessening daily and quite firm.

30th.—Tumour half of its former size. The patient walks about his room, and can bear his whole weight upon the affected side.

November 24th.—Discharged from the hospital; is able to return to his work. The tumour is now about the size of a walnut.

A month afterwards came to see me, preparatory to his going to sea as mate of a vessel, perfectly restored.

Remarks.—Owing to the rapid progress of the aneurism, it was not deemed proper to apply pressure above the tumour with a view of dilating the collateral branches, as recommended by several eminent surgeons; and it may be well questioned whether the benefit resulting from dilatation of the vessels which are to nourish the limb will ever compensate for the greater danger incurred by an increase of the tumour and inflammation of the surrounding tissues. The same reasons may be urged against the recommendation to promote a cure by pressure over the tumour; as was practically exemplified in a case of inguinal aneurism reported by Dr. Post in the *Amer. Med. and Physical Register*, (New York) vol. iv., where the patient, apprehending more from an operation than from the disease, refused the application of a ligature.

His surgeon then directed the application of a compress and bandage to keep up a constant and moderate pressure upon the tumour. Under this treatment the aneurism diminished for a time, but then increased rapidly, while severe pain and considerable local inflammation and tumefaction of the upper part of the thigh supervened. These symptoms were finally relieved by a removal of their cause, and a resort to cold applications and evacuants. When the patient at last submitted to an operation, it was found impracticable to separate the peritoneum,—which is ordinarily so easy,—owing to the adhesions that had taken place between that membrane and Poupart's ligament from the previous inflammation. The surgeon was obliged to cut through the peritoneum in order to apply the ligature; consequently, the patient was exposed to the additional hazard of inflammation of that membrane. Fortunately, the termination of the case was favourable.

The next point of consideration was the propriety of applying one ligature or two. Owing to repeated failures when but one ligature is applied, some modern surgeons have recommended a return to the old method of securing the artery above and below the tumour. Whether the greater certainty of

preventing a return of the circulation by these means makes up for the increased danger of a double operation, can only be tested by statistical information which is not easily obtained, this difficulty resulting from the small number of cases that have occurred in the practice of any one surgeon or at any one place and from the suppression of unsuccessful cases. With a view of contributing to the amount of knowledge bearing on this question, the experience of this city is here given. The ligature of the external iliac, for aneurism of the femoral artery, has been successfully performed by Dr. Dorsey in 1811; by Dr. Randolph in 1825; and in the third case by Professor Horner at the Blockley Hospital, where two ligatures were applied and the sac opened. The particulars of this case, the termination of which was unfavourable, will be soon reported. The shortness of this catalogue shows the extreme rarity of the disease. Recollecting that even a return of the pulsation does not necessarily prevent the formation of coagula and a final cure, it appears to be most prudent to trust to one ligature in aneurisms of the first class, whilst in smaller vessels, where there is but little danger of a fatal termination, two ligatures will more certainly prevent a return of the circulation.

It has not occurred in any prior case that I have noticed, that the temperature of the limb operated upon has been greater than that of the sound limb, immediately after the operation. This difference of heat in favour of the unsound limb continued for three days, nor was it at any time reversed. Dr. Neil, who was residing at that time in the hospital, kept an exact observation of these facts, as well as myself. They exemplified in a remarkable degree the importance of the capillary circulation, and the power of the collateral branches, to compensate for obliteration of the main artery; and they would lead us to suspect that, in this case, the impetus of the circulation had been diminished by a partial formation of coagula. This would explain why we were unable to reduce the size of the tumour when we arrested the pulsation by pressure upon the aorta, and the singular feebleness of the pulsation in the artery which was remarked when the ligature was applied.

With the exception of the irritation of the bladder on the fifth day, no unpleasant symptoms of any kind occurred during the whole course of treatment, which was unnecessarily prolonged by the ligature not having been tied sufficiently tight. This was manifested by the large size of the loop, and it satisfactorily accounts for the retention of the ligature for thirty days.

An Account of the Philadelphia College of Pharmacy.

By JOSEPH C. TURNPENNY.

This valuable institution, the first of its kind in this country, was established in the year 1821, by a number of respectable Druggists and Apothecaries for the promotion of the sciences of Chemistry, Materia Medica, and Pharmacy, and the year following was incorporated under the above title.

The necessity for druggists and apothecaries co-operating together at that time was obvious from the fact that, at a meeting of the Board of Trustees of the University of Pennsylvania, a resolution was passed on the 6th of February, 1821, for the purpose of conferring the degree of Master of Pharmacy upon any one who had complied with the following requisitions, viz.: To serve an apprenticeship of three years to a reputable druggist or apothecary; to attend two courses of lectures, in the University, on Chemistry, Ma-

teria Medica, and Pharmacy; and also to produce from his employer a certificate of his good moral character.

At a meeting of druggists and apothecaries assembled about that time, for the purpose of taking into consideration the above resolution, we find that they rejected this offer of the University, and formed themselves into an association for the purpose of having some control over the interests of the trade in this city. The following is part of a report introduced at one of the first meetings of the College:

"A very general impression appears to have prevailed amongst the druggists and apothecaries of this city for some time past, that, from a concurrence of various circumstances, a departure from the correct customs and established principles of the drug and apothecary business has in some instances taken place; [and] as a consequent effect, the deterioration of many drugs and medicines in constant use, and of great importance in practice, and [that] medicines of inferior or sophisticated qualities: are too often introduced into the shops. The want of proper pharmacological information on the part of some druggists and apothecaries who vend, and of physicians who buy, has mainly tended to the production of these irregularities."

To the founders of this institution too much praise cannot be awarded for their untiring zeal in originating a plan which has been of such incalculable advantage in elevating the standard of pharmaceutical knowledge.

With the foundation of the College commenced a new era in Pharmacy on this side of the Atlantic. Our stores were formerly supplied chiefly from Europe, and every new principle or remedy sought for from thence, while we were standing comparatively idle, and ignorantly waiting the results of their experiments.

In the year 1825, a Journal was commenced under the immediate auspices of the College, which became in the year 1829 a quarterly Journal, under the editorship of the late Dr. Benjamin Ellis; since which time the Journal has disseminated much valuable information.

Two courses of lectures are delivered in this institution in the winter months; one on Chemistry, the other on Materia Medica and Pharmacy. A student, before he is eligible for graduation, is required to attend two courses of each of these lectures; to have served an apprenticeship of four years, and to produce from his employer a certificate of his good moral character, and also a dissertation on some subject connected with Chemistry, Pharmacy, or Natural History. After an examination before the professors, and a committee of three members, if found competent, he is proposed to the Board of Trustees, whose duty it is to declare him a graduate in the Philadelphia College of Pharmacy.

Every facility is afforded to the student in this institution. Attached to it is a library of upwards of five hundred volumes, a cabinet of specimens, and various chemical apparatus. In addition to the ordinary sessions, conversational meetings are held semi-monthly during the winter.

The College owes much of its reputation to the following gentlemen, who have occupied its professorial chairs since its commencement: Drs. S. Jackson, Geo. B. Wood, B. Ellis, F. Bache, R. E. Griffith, J. Carson, and Wm. R. Fisher. The two last are the present incumbents, and it affords us much pleasure to state that the latter gentleman was a graduate in this institution.

The number of graduates since its commencement has been eighty-five. Of these, many are distributed over the United States, repaying their alma

mater for the care extended in their professional education, by reflecting upon her the honor of their exertions.

BIBLIOGRAPHICAL NOTICES.

The Obstetric Catechism. By JOSEPH WARRINGTON, M. D. Philadelphia: 1842. pp. 340. 12mo.

The mode of instruction now adopted in many common and private schools and academies might be justly styled *the psittachian method*; a modern scientific school book, being too frequently a mere collection of heterogeneous questions, crudely and often incorrectly answered by the author in the succeeding paragraph. No exercise of intellect is required, either on the part of the preceptor or the pupil, to render one of these leather-cased budgets of fact and doctrine available; a good memory is amply sufficient. But, as to the real value of the knowledge derived from such sources, this may be admirably tested on almost any examination day by a very simple process. Take a station in front of one of the respectable files of intellectual puppets, fully trained by the careful teacher to astonish their parents and the assembly of strangers by the depth of their erudition, and while their examination is in progress, slyly translate a few of the stereotyped questions into equally lucid language, but with considerable variety of phrase. The experiment is somewhat cruel, or the anger and alarm of the learned instructor, and the utter consternation of the class of little automatic philosophers would be irresistibly ludicrous.

The general adoption of the system of *grinding*, as at present pursued in many medical schools, is exceedingly apt to produce similar results; especially when it is so ordered as to occupy the whole disposable time of the student in being drilled into the peculiar notions of a few professors, to the entire exclusion of the opinions of others;—an arrangement which necessarily deprives the pupil of the freedom of mind indispensable for the successful prosecution of scientific research, and often condemns him for life to judge all questions *in verba magistri*. The evils of this system are not confined to the student, but extend also to the professor, and react on the reputation of the school. The dignified occupant of a professorial chair, surrounded by those whose eyes and ears are thus closed against all knowledge from other sources, feels but a slender stimulus to exertion while secure in the assurance that at each succeeding annual ovation he will receive a salutation equally flattering with that reiterated by the thoroughly drilled Roman bird, "*Ave Cæsar, Imperator!*" But, fearing that we may be tempted into an aberration from the subject immediately before us, we will close this rather long introduction to a very short bibliographical notice with the simple remarks that, in the business of medical teaching, the near-sighted contempla-

tion of immediate results so often disastrous to individuals, is equally dangerous to corporations; and that, in the management of great interests, it is often advisable to carry our calculations beyond the next election day. Were the merits of a professor or a school subjected to the judgment of a jury of graduates of ten years standing, the verdict would be found, in most cases, to differ very widely from that of the young class upon commencement day.

But the system of examination by stereotyped question and answer,—truly available only in the comparatively fixed sciences of anatomy and the materia medica proper, together, perhaps, with certain departments of chemistry—is so firmly established in the existing courses of medical instruction in most American schools, that it would be Quixotic to attempt its sudden overthrow. In the actual management of many of the subsidiary institutions, laudable efforts are made by the examiners so to regulate their labours as to exercise the reasoning faculties rather than the mere memory of the pupils, and also, to direct their attention to facts and opinions not exactly accordant with those of the collegiate teachers. And this is all that can be reasonably expected, unless the general features of medical instruction could be very essentially reformed.

The little volume before us is written on the purest plan of fixed and unalterable question and answer, but it has the advantage of being written by one unconnected with any collegiate school, and covers, so completely, the whole ground of the practice of obstetrics, that we may safely recommend it, not only to the pupils of the author, for whom it appears chiefly designed, but also to those young practitioners who desire a ready means of recalling the knowledge of facts connected with this important science which they may have previously acquired. Of its class, it is a well written book, and does much credit to the industry of its writer. If disposed to be hypercritical, some kindly fellow feeling for the egotistical would alone prevent us from smiling at the rather too fatherly mannerism of the preface, which, though not *very* censurable when assumed towards those addressed as “my own obstetric pupils,” is hardly pertinent when extended to “students of medicine generally.” A few pages are superadded at the conclusion of the work, in order to make known the arrangement of the author’s obstetric study, the advantages of which are certainly worthy the attention of students desirous of knowing all the medical opportunities offered at the great medical school of Philadelphia.

R. C.

An Historical Sketch of the State of American Medicine before the Revolution. By JOHN B. BECK, M. D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of New York. 8vo., pp. 35.

This pamphlet, the annual address for 1842, before the Medical Society

of the State of N. Y., is one of many excellent contributions to our medical literature, for which we are indebted to the industry and talent of Prof. J. B. Beck. The materials from which this sketch is worked up have been collected from a great number of different sources, and the author is entitled to the particular thanks of the profession for the time and labour expended upon a work which must be read with universal interest. We hope it may be generally circulated, for we are sure that every American physician will be glad to peruse it. The following extract, which contains an account of our Philadelphia ante-revolutionary physicians, we select as a specimen of Dr. Beck's style:

"Among the medical men of Pennsylvania, there are several who are entitled to notice, as having contributed to the colonial literature of our profession. In 1740 Dr. Thomas Cadwallader, of Philadelphia, published 'An Essay on the Iliac Passion,' in which he exposes the absurdity of the practice then in vogue, viz: that of treating it by quicksilver and drastic purges. He recommends in their stead, mild cathartics, with the occasional use of opiates. By Dr. Thomas Bond, an eminent physician of Philadelphia, two communications were published in the London Medical Observations and Inquiries, one an account of a worm bred in the liver, 1754; another on the use of bark, in scrofulous cases, 1759. The men, however, who were particularly distinguished, in Philadelphia, for their zeal in the cause of medical science, were Drs. John Morgan and William Shippen, both natives of that place, and the founders of the first medical school established in this country.

Dr. Morgan, after studying medicine at home, went to Edinburgh, where he received the doctor's degree, on which occasion he published an elaborate thesis on the formation of pus—'Tentamen Medicum de Puris Confectione, Edinburgh, 1763.' In this dissertation he maintained the doctrine that pus is a secretion, prepared by a peculiar action of the secretory vessels of the part. The credit of originality, as it regards this doctrine, has generally been awarded to the celebrated John Hunter. The evidence, however, appears to be conclusive, that he was anticipated by Dr. Morgan. After receiving his degree at Edinburgh, he travelled for some time on the continent, industriously engaged in acquiring knowledge, and every where received with the highest honor. As a proof of the estimation in which he was held abroad, it is only necessary to state, that on his return home, in 1765, he was a fellow of the Royal Society of London, corresponding member of the Royal Academy of Surgery of Paris, and licentiate of the Royal Colleges of Physicians of London and Edinburgh. Notwithstanding his devotion to science, Dr. Morgan was not a prolific author. Besides his Thesis, all that we have left is his 'Discourse,' already noticed, 'On the Institution of Medical Schools in America,' in 1765, and 'A Recommendation of Inoculation, according to Baron Dimsdale's Method,' 1776.

Dr. Shippen, was born in 1736, and about the year 1760 took his degree at Edinburgh, on which occasion he wrote and published a thesis, 'De Placentæ Cum Utero Nexu.' Besides this I do not know that he published any thing, but he is greatly and justly celebrated as the first person who lectured on anatomy in this country."

On Regimen and Longevity, comprising Materia Alimentaria, National Dietetic Usages, and the Influence of Civilization on Health and the Duration of Life. By JOHN BELL, M. D., Lecturer on Materia Medica, &c. &c. Philadelphia, Haswell & Johnson, 1 vol. 8vo., pp. 420.

This book, although designed chiefly for the general reader, has claims upon the notice of the physician. It is the result of extensive reading, considerable experience, and much reflection upon the subjects treated of, and may be safely recommended by the profession to general perusal. It is written in a very agreeable style, interspersed with national and historical sketches and occasional anecdote, and is replete with sound opinions and valuable information. Dr. Bell has long enjoyed a high reputation as a writer on hygiene and kindred topics, to which his present excellent and elaborate production is fully equal. Our limits do not allow an extended analysis of a work of this character, and we must confine ourselves to the simple expression of approbation of the views and principles laid down by the author. On the subject of alcoholic drinks we think him slightly tinged with ultraism, and he strikes us as arguing the question, although ably, with more warmth than philosophy. It may be, however, urged, that in combating so wide spread an evil as intemperance, this extreme mode of presenting the other side of the question is allowable, and we are not prepared to gainsay the plea.

Physiology for Schools. By REYNELL COATES, M. D., Corresponding Member of the National Institution, Washington City—and the New York Lyceum of Natural History; member of the Academy of Natural Sciences of Philadelphia, etc. etc. Second Edition, revised. Philadelphia: E. H. Butler. 1842.

This little volume is designed for the use of schools in which the plan of education is rather more extended than the usual field. We can only refer our readers to the volume itself, which is believed to include in a compact and agreeable plan the physiological information suitable for the class of readers for whom it is designed.

Dictionnaire de Médecine, &c. Deuxième édition. Tome vingt-quatrième. Paris, 1841.

Dictionary of Medicine, &c. Second edition. Twenty-fourth volume. Paris, 1841.

The twenty-fourth volume of this dictionary brings the work to the letters P L A. In the present volume we find the important articles, Phthisis, Phlegmasia Dolens, Physiology, the Anatomy and Diseases of the Feet, Plague, &c. The work is not accessible to all our readers, but is indispensable to

those who have frequent occasion to refer to different subjects connected with medical literature. The copious bibliographical references contribute very much to the convenience of the reader. The sale of this dictionary is much more extensive than is generally known. A number of copies are received in Philadelphia, for city and distant subscribers, much greater than of any other large work in a foreign language.

The article on phthisis, by Dr. Louis, is almost a condensed edition of his volume published in 1826, with the additional matter which he has since collected. It forms one of the most valuable monographs on the disease.

The surgical articles upon the feet and their diseases, are not inferior to the memoir of Dr. Louis in their practical value.

For the information of distant readers, we may state that the price of this work, when complete, will be about fifty dollars, at the present rate of duties.

CLINICAL REPORTS.

Pennsylvania Hospital—Surgical Wards—Service of Dr. Norris.

By Dr. E. HARTSHORNE, Resident Surgeon.

Compound fracture of the leg.—J. W., æt. 28, temperate, not very robust, and affected with asthma, was admitted Nov. 19th, with a compound fracture of the left tibia and fibula rather below their middle. The fracture was transverse, and had been received twenty-two days previously at sea. According to his statement, the injury resulted from the blow of a heavy chain-cable violently thrown against the part from the windward side of the vessel in a sudden lurch of the latter. The tibia was driven through the integuments anteriorly, so as to protrude at least two inches, while the neighbouring soft parts were severely contused. The displaced fragments were pretty well reduced and fixed in short splints by the master of the ship. This apparatus unfortunately neither prevented some displacement nor secured rest; the man's sufferings, therefore, were much increased by the continued jarring to which he was exposed by the unmitigated roughness of the weather during the remainder of the voyage, as well as by repeated paroxysms of asthma, always aggravated by the confinement in a close cabin.

When brought into the wards he was emaciated, pale and feeble. The injured extremity was still bound up in splints about ten inches long, and the wound was covered with a muslin rag moistened with whiskey. The removal of this rude dressing exposed to view nearly an inch of dark coloured bone, which proved to be the anterior angle of the upper fragment protruding in front. No inflammation existed at that time in the leg, and little or no discharge flowed from the granulating surface. Although considerable motion and great tenderness still remained in the seat of fracture, it was too late to reduce the displaced fragment. Its uncovered portion, therefore, was excised, and the remaining ulcer dressed twice a day with a small poultice; while the leg was placed at rest in a fracture box as usual, with the heel carefully supported. The patient was allowed a good diet, and half a pint of porter daily, under which he rapidly gained flesh and improved in strength. During his confinement to bed in the wards, the man was subjected to frequent paroxysms of asthma, some of which were quite severe. They were

generally combatted, when requisite, by nervous stimulants, nauseants, &c., internally, and local depletion and counter irritation, externally. In about sixty days a small lamina of bone exfoliated; after which the ulcer which had become very circumscribed, soon cicatrized. Consolidation, which was at this time rapidly advancing, at the end of seventy days appeared to be complete. On the seventy-fourth day the paste-board splints were applied, and the patient permitted to walk with crutches. He was discharged Feb. 28, with a perfectly good limb.

THE MEDICAL EXAMINER.

PHILADELPHIA, APRIL 9, 1842.

We observe the following curious advertisements in the London Lancet. It seems that an extensive traffic in medical degrees is driven by some of the second rate German universities, who have hit upon this lucky method of replenishing their empty coffers. Erlangen appears to be the most active in this new branch of commerce. The demand for degrees of this stamp can never arise in the United States, for the community is so cheaply supplied that the purchase of them from distant sources is unnecessary. Even in the absence of any degree, a medical pretender is at once dubbed Doctor. In England it is very different. The large mass of medical practitioners are not styled Doctor, and have no degree which authorizes it; still, if they wish a purely medical practice, the title is of some value; and as it is expensive and troublesome to obtain a diploma from a domestic institution, it may be purchased at a cheap rate in Germany. Some testimonials are of course required, however scanty, but no college which adopts this plan could look narrowly to testimonials in place of fees. Many of their graduates are really men of education, some of high acquirements, who cannot afford the time and expense necessary for the degree to which they are fairly entitled.

"FOREIGN MEDICAL ASSOCIATION.—This Association is instituted for the purpose of counteracting the abuses of the Medical Schools of this country, by conferring Degrees in Medicine from a celebrated Continental University, on any member of the Profession who holds a regular diploma or license of practice from any College of Surgeons, Society of Apothecaries, or Chartered Medical School, in Great Britain and Ireland, without additional examination or trouble.

All communications to the Association may be addressed (pre-paid, inclosing a stamp) to Frederick Reiman, Secretary, Lovett's Coffee House, London-road, London."

"MEDICAL DIPLOMA.—Any gentleman wishing the Degree of M. D., at a Continental University of high repute (if he is a properly-qualified medical man,) may be greatly assisted by applying to Mr. J. George, at Mr. Eddel's, 64 Cheapside."

"DIPLOMA IN MEDICINE.—Any properly-qualified practitioner desirous of obtaining the Degree of M. D., may, through the assistance of the advertiser, receive the same from one of the oldest Continental Universities, without absence from home. Total expense, £40.

Address, with full name and nature of qualification, to Mr. John Bond, 24 Cornhill, London."

Professional Propriety.—We accidentally noticed the subjoined advertisement in a late Richmond paper:—

“*Radical Cure of Strictures of the Urethra.*—Dr. ——— adopts this method of informing persons labouring under Stricture of the Urethra, that he is successfully treating that troublesome and loathsome disease upon an entirely new plan of his own invention—and that he will warrant perfect and speedy cures in every case—even the most aggravated and complex, which may be confided to his care.

(↵ Consultations with Dr. ———, in cases of Stricture, by letter or otherwise, will be confidential.

———, C. H., Va., Jan, 8th, 1842.”

Our readers will be surprised to learn that this singular advertisement proceeds from a surgeon of considerable eminence, well known as a frequent contributor to the pages of the American Journal. Had it not come from one whose example must exert some influence upon the younger members of the profession, we should have passed it without notice. As it is, we think it the duty of journalists to express the general feeling of the profession in justly condemning such advertisements: they are, to say the least of them, entirely unprofessional.

ANALECTA.

Lithotrity in a Child.—At a meeting of the Academy of Medicine, Paris, January 3d, M. Segalas presented a boy, 23 months old, whom he had successfully delivered of a stone, 14 lines in diameter, by the operation of lithotrity. This was the youngest individual on whom he had, as yet, operated. A great number of sittings was required, but no bad symptom occurred. M. Segalas brought forward this case in support of the opinion which he sustains against most other surgeons—viz., that lithotrity may and should be applied to children. The arrest of the fragments of calculus by the narrow urethra of the child does not seem to him to be a valid objection, because the fragments may be broken up in the canal.

Extirpation of Uterine Polypi.—At the meeting of January 18th, M. A. Berard, who at a previous meeting, had shown a fibrous polypus which he had removed from the cavity of the uterus, after dividing the neck of that organ, exhibited another fibrous tumour, which he had extracted in the same manner, and with equal success. The patient had laboured for a considerable time, under uterine hæmorrhage, which had reduced her to the lowest state of exhaustion. Although the orifice of the uterus was open, it was not sufficiently so to allow the tumour to pass through it. M. Berard divided with a bistoury both sides of the os tinæ, and the tumour immediately descended into the vagina. The operator now fixed a hook into it, drew it down to the vulva, and removed it by cutting across the pedicle with a scissors. The uterus ascended quickly to its natural position, and the hæmorrhage did not recur. M. Berard thinks that facts of this kind should be made extensively known, for as many surgeons still think that a polypus enclosed in the uterine cavity is beyond the reach of operation, many females are allowed to perish whose lives might be saved by this method.—*Prov. Med. and Surg. Journ.*, Jan. 29, 1842

On the treatment of Paraphymosis. By J. TOGOOD, Esq., of Bridgewater.—The incision of the stricture in Paraphymosis, is pretty generally practised by surgeons, except when this disease occurs in children, and in such the reduction is often effected by pressure. I have seen repeated incisions fail of relieving the stricture, and leave foul and intractable sores, which have been extremely tedious and difficult to heal. I have always succeeded in reducing a paraphymosis, either in an adult or child, however long standing, without having recourse to the knife, by the following method:—I place the patient against a wall, and take care that he is steadily supported by an assistant on each side; a piece of linen cloth is then laid over the glans, and with my thumbs I knead the blood out of it, drawing the prepuce forwards at the same time with two fore fingers of each hand. A steady perseverance in this plan never fails, and, although the operation is a painful one, the patient is amply rewarded by the rapidity of the cure, which requires nothing more than the application of a saturnine lotion for two or three days.—*Ibid.* Jan. 15, 1842.

Idiopathic Hydrophobia. By JOHN KIMBELL, M. R. C. S. L.—W. K., aged 24 years, of a bilious and lymphatic temperament, has, during the last month, suffered from occasional attacks of palpitation of the heart, occurring generally in the night, and invariably followed by profuse perspiration. On October 4, 1841, he rode a distance of fourteen miles, and, on arriving at the end of his journey, about twelve o'clock, A. M., he was seized suddenly with great difficulty of breathing, pain over the region of the heart, and painful sensations over the chest. The paroxysm continued for a few minutes, when the dyspnœa and pain gradually subsided; he afterwards ate a good dinner, and appeared as well as usual, until about eight o'clock in the evening, when all the symptoms returned with greater violence than before, and to so distressing a degree did the dyspnœa increase, that there appeared to be imminent danger of suffocation. He was now bled to eighteen ounces, but without any manifest relief, and the operation was repeated in three hours to the amount of six ounces, which had the effect of considerably relieving the pain. About 5, A. M., Oct. 5, I saw him; he could not speak, although conscious of what was passing around him; I was informed that he had had violent convulsive movements of the arms, which had lasted nearly an hour, and he now appeared to be suffering from a spasmodic constriction about the glottis and pharynx, causing extreme difficulty of inspiration, which had a peculiar crowing character; he had likewise a great desire for water, and complained much of thirst; no sooner, however, was this fluid brought into his presence, than it was obliged to be withdrawn; the sight of it caused an alarming increase of pain about the larynx with a horrible feeling of suffocation, but with the removal of the water the symptoms became ameliorated. From so many hydrophobic symptoms being present, I was apprehensive he might have been bitten by a dog, and questioned him upon the subject very closely, but to all my interrogations he shook his head negatively. During the intervals of ease, his pulse was full and soft, and averaged eighty beats in a minute; his tongue was clean; the bowels were regular; and the skin of the natural temperature. Aware that there was predisposition to spinal disease, I examined the back, and found about the lower part of the cervical region, tenderness upon pressure, and I observed that this *pressure invariably* produced an exacerbation in all the symptoms, and of this I fully satisfied myself, and my patient likewise, by repeating the pressure three or

four times. A blister was applied over this spot ; it rose well, and he soon became able to swallow. Doses of opium were given by the mouth, and an opium injection was administered *per rectum*. I should have stated that, from the commencement of the attack up to the present period, he has experienced a great difficulty in passing his urine, but none in voiding his feces. 5th. Much improved in every respect, but when his head was raised the spasm was speedily reproduced. He had a constant smacking of his lips, and frequent twitches in his legs and feet ; the right arm found partially paralysed. No headache ; no confusion of intellect. 7th. Still improving.—Spasms had entirely disappeared ; he could swallow fluids with the greatest ease ; tongue clean, bowels well opened, secretions healthy ; he can now be raised without suffering. The blister discharged freely. The dorsal region was rubbed with an embrocation containing croton oil, tartar emetic, &c., and quinine was given during the day, with henbane at night. From this period he gradually progressed, and at the end of the month was thought sufficiently improved to resume his avocation. One day, however, previous to his intended departure, he had a return of the dyspnœa, but in a much less degree than before. This was immediately treated with the application of leeches to the cervical region, followed by a blister, when all the symptoms soon vanished. He has two issues, one on each side of the cervical vertebræ, which discharged freely, and he may now be considered convalescent.—*Ibid.* Jan. 8, 1842.

Hepatic Congestion : diagnosis ; treatment. By C. J. B. WILLIAMS, M. D., F. R. S, Professor of the Practice of Medicine and of Clinical Medicine.—The next cases to which I would direct your attention, are those of Mary Hennen, æt. 20, and Mary Hill, æt. 37 ; both cases of disordered digestion, with congestion of the liver. Referring you to the books for a very full report of their cases, I may remind you that the former was admitted Oct. 26th, complaining of pain in the epigastrium not increased by pressure, and frequent vomiting, so that she could retain no food on her stomach.—No heat of skin ; tongue slightly furred, with red spots. These symptoms were at once relieved by a blister to the epigastrium, and a draught with hydrocyanic acid and carbonate of soda. Blue pill at night, and castor oil in the morning, were also given.

Nov. 1st, was nearly well ; but on the 2d complained of more pain in the right hypochondrium. The dull stroke sound of this region extended not lower, but higher, than usual ; to the breast in front, and nearly to the lower edge of the scapula behind. Was this dulness from enlarged liver, or from effusion in the right pleura ? We found that the breath sound was heard pretty low down into the dull region, without rhonchus, and was here sharper than usual ; but without bronchial breath or voice sound above. On trying degrees of percussion in the manner which I have often recommended to you, we readily solved the question : gentle percussion gave a more hollow sound than strong percussion ; showing that the lung, the seat of the breath sound, was superficial ; and the denser body giving the duller sound on strong percussion, was deeper seated, and must therefore be the liver. This organ was, therefore, enlarged ; and the absence of the active symptoms of hepatitis left to us the conclusion that the enlargement was congestive ; a species of swelling to which the venous constitution of the liver renders it especially liable. As causing this congestion, we might refer to a cold, with headache, drowsiness, &c., caught about three weeks before admission ; but we must

also take into account the fact, that this girl, although not deficient in blood, had not menstruated for five months. We had assured ourselves, by the pallid nipples and the absence of tumor or uterine murmur in the abdomen, that pregnancy was not the cause of the amenorrhœa.

The treatment employed to remove the congestion of the liver, was by means calculated to increase its secretion, repeated doses of calomel and blue pill, with a little antimonial powder, a daily dose of castor oil, and a blister to the side. Under these means the pain in the side soon left her; and on the 9th the dulness of the right side was nearly gone. She was given compound decoction of aloes twice a day to keep open the bowels, and to promote the return of the catamenia. She will be liable to a return of her disorder until the periodic relief is restored; but as that is not more likely to take place in the hospital than out of it, she was discharged apparently well.

The other patient, Mary Hill, had long been subject to bilious attacks, with sickness, costiveness, and pain in right side. The present attack began six weeks before her admission (Nov. 6) with severe pain in the abdomen, and vomiting, for which she was treated by leeching, mustard poultices, aperients, &c., which relieved the pain in the abdomen, but left pain and tenderness in the right hypochondrium and scapula, sickness, and headache. There was dulness in the lower part of the right chest, chiefly at the side and back. Tongue clean; thirst; pulse natural; bowels not open three days. CC. Hypochon. dextro ad ʒviiij . R Hydrarg. Chlorid. Pulv. Antimonialis, aa. gr. ij. Pil. Hydrarg. Extr. Conii, aa. gr. iij. Fiant pilulæ ij. bis die sumendæ. R Sodæ Tart. ʒij . Sodæ Sesquicarb. ʒss . Aquæ Menthæ, Aq. Font. aa. ʒi . Fiat haustus bis die sumendus.

These medicines were continued three days, and with the aid of senna draught opened the bowels freely, and relieved the symptoms, except the pain in the right side. On the 13th, the catamenia appeared; all medicines were suspended until the 16th, when the pain and dulness were almost gone, and left entirely after an aperient. She was discharged well on the 19th.

This case illustrates the influence of the natural periodic discharge in assisting to dissipate congestion of the liver; and I would remind you, that this natural means of relief is, in slight cases, for many reasons, better than the continued use of medicine.—*Lon. Med. Gaz. Dec. 3, 1841.*

Blistering for Warty Excrescences on the Skin. BY W. DAVIDSON, M. D., Physician to the Glasgow Infirmary.—Neil M'Kinnon, plasterer, aged thirty-five, admitted 14th December, 1840. Left lower extremity was twice as thick as right; cellular texture presented the appearance, and gave the sensation of being much hypertrophied, offered much resistance to the fingers when pressure was made, and only pitted slightly. The ham and the two upper and posterior thirds of leg were covered with deep rather fleshy warty excrescences, traversed by deep irregular longitudinal fissures; but in the popliteal space they were transverse. A patch of a similar nature, but dark-coloured, and resembling ichthyosis, about the size of the hand, existed over the lower part of the leg at flexion of the ankle joint.

The colour of the patches was generally brownish red. Over anterior part of same leg there were numerous pretty large yellow scabs, and the skin covering the whole of inner and upper part of thigh, was of a dark livid colour, as was also a patch over inner part of right thigh, which, at one period of the disease, was also encrusted with scabs. The patient ascribed the affection to a fall. It made its appearance in the form of warts on the lower and inner third of the leg about five years ago. He stated that he was cured

in this Hospital about two years ago, but that the limb retained its blue appearance, which he says was always the precursor of the warty excrescences. His general health was good, pulse and bowels regular, tongue clean. App. sol. arsenical. part. affect. quotidie. Cap. pil. 1 colocynth. comp. omni nocte.

28th Dec.—Warty excrescences are in much the same state. R. Chlor. zinci 3j. Aquæ 3ij. Solve. App. sol. part. verrucos. Cap. T. Canth. gtt. xx. ter in die.

The strength of the solution of chloride of zinc was gradually increased, until it amounted to three drachms of this salt to an ounce of water, on the 20th January, 1841, while he had been taking an arsenical solution internally from the 11th of the same month; but there was only a slight improvement, there being still an enormous thickness of warty structure. On the 22nd January, a blister was ordered to a portion of the leg, which acted well, and produced a large detachment of warty substance. The blisters were repeated every two or three days until the whole affected surface had been more than once vesicated. Severe strangury was several times produced, even by the tela vesicatoria, which was employed on two or three occasions in this case.

On the 14th February he was dismissed, the right leg appearing to be quite free from warty excrescences, and there remaining on the left only a slight thickening of the skin near the ankle, where the disease resembled ichthyosis.—*Lond. & Ed. Journ. of Med. Science.*

A Medical Board has been ordered to convene in Philadelphia, on the 2d of May next, for the examination of Assistant Surgeons for promotion, and of candidates for appointment in the Medical Staff of the Army. The Board is composed of Surgeon T. G. Power, President; Surgeon H. A. Stinnecke and Assistant Surgeon J. M. Cuyler, Members.

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March, 1842.

MEDICAL INSTITUTE OF PHILADELPHIA.

Locust Street, above Eleventh.

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On Anatomy by W. E. Horner, M. D., and Paul B. Goddard, M. D.

On Institutes of Medicine by Samuel Jackson, M. D.

On Materia Medica and Therapeutics by John Bell, M. D.

On Chemistry by James B. Rogers, M. D., and Robert E. Rogers, M. D.

On Obstetrics and Diseases of Women and Children by Hugh L. Hodge, M. D., and William Harris, M. D.

On Principles and Practice of Surgery by Thomas Harris, M. D., and W. Poyntell Johnston, M. D.

March 19th, 1842.

W. E. HORNER, Secretary.

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